

DONATION FORM

Please **fill out** this form and **mail** to CVAN PO Box 1749 Concord, NC 28026 along with your check, money order or credit card information.

GIFT A	AMOUNT:	
YOUR	INFORMATION:	
Name:		
Addres	ss:	
City: _	State:	Zip:
Phone		
Email:		
	This gift is in honor or memory of	
	(circle one)	
	Please mail a card acknowledging my gift to:	
Name:		
Addres	SS:	
City: _	State:	Zip:
	My check, payable to CVAN, is enclosed.	
	Please charge my contribution to my:	□Visa
Credit	Card #:	
Expirat	tion Date:	
Signatu	ure:	Date:
	Each month we receive over 125 calls on o	ur 24-hour hotline.
	We are there to answer because you a	are here for us.
	Thank you for helping us to bring safety, s	helter and support

For more information about donating, volunteering or domestic violence visit our website at cvan.org or give us a call at 704.788.1108.

If you are a battered woman, you can call our

confidential 24-hour hotline at 704.788.2826.

to women and children in our community